

STAGION RESERVED FOR BINDING

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NAME OF EACH CHILD MUST BE INDICATED IN THE ORDER OF BIRTH STATED.

PLACE OF BIRTH

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 356

County Registrar No. 117

Local Registrar No. 117

1. County of Maricopa

District of #3

Town of Mesa

or

City of \_\_\_\_\_

2. Full name of child Margie Sarah Goodman

If birth occurred in a hospital or institution, give its NAME instead of street and number

3. Sex of Child Female  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

If child is not yet named, make supplemental report, as directed.

7. Date of birth Jan. 14 1925  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Joseph Edwin Goodman

9. Residence (Usual place of abode) Mesa, Ariz  
If nonresident, give place and state

10. Color or race white

11. Age at last birthday 21 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Arizona

13. Occupation Salesman  
Nature of industry

14. MOTHER  
Full maiden name Rosa Ellen Nagle

15. Residence (Usual place of abode) Mesa, Ariz  
If nonresident, give place and state

16. Color or race white

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Old Mexico

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?  
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10:15 P.M. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature H. L. Brown M.D.  
(Physician or midwife)

Address Mesa, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Registrar.

Filed Jan. 31, 1925 H. L. McNeill

Filed FEB 2 1925 HARRY J. McNeill

Local Registrar.

County Registrar.

475-114-955